7.2.1.6 Project LEAN Maine Partners Network

Project LEAN is a national public education campaign to reduce dietary fat. Initiated by The Henry J. Kaiser Family Foundation's Health Promotion Program, Project LEAN is co-sponsored by Partners for Better Health, a committee of twenty-eight national government, professional, and industry organizations all committed to reducing the nation's consumption of dietary fat. Project LEAN is directed to consumers and industries, organizations and professionals that influence what Americans eat.

The Division of Health Promotion and Education is coordinating Project LEAN in Maine and has begun work to develop a strategy for statewide and community level campaigns to complement the national campaign. The Maine Project LEAN Partners Network includes 52 organizations.

7.2.1.7 Employee Health Forum

This forum was established in the Division's Risk Reduction Program (now the Community Health Promotion Program). The Risk Reduction Program focused on the worksite as the primary setting for risk factor prevention activities. Through the efforts of this program, quality worksite health promotion resources have become available in nearly all areas of the state. The role of the Division of Health Promotion and Education is to advocate for health promotion programs and convene those organizations providing those services for professional development activities. Assistance is limited to advocacy, funding (through the Community Health Promotion Program), professional education, training and maintenance of the Employee Health Forum (150 members) which provides continuing education in the area of employee health.

7.2.1.8 Behavioral Risk Factor Surveillance System

Maine has participated in the CDC-sponsored Behavioral Risk Factor Survey (BRFS) since 1986, when a baseline, point-in-time survey was conducted of over 1,200 Maine adults. Surveying has continued on a monthly basis. Using random digit dialing, 105 Maine residents aged 18 years or age or older are asked questions about the most common behaviors that lead to chronic disease, disability and mortality.

Questions include but are not limited to smoking, hypertension, weight control, exercise, alcohol consumption and use of preventive services such as cholesterol screening.

The resulting data are used by the CDC and the State of Maine to plan risk reduction interventions and community health programs.

7.2.1.9 Maine Health Promoter

The Maine Health Promoter is the Bureau of Health's newsletter. The Promoter addresses health promotion and disease prevention topics for the public health community. Published quarterly, the Promoter is distributed to over 1500 health professionals and interested individuals in Maine and nationally.

7.2.1.10 Tobacco Control

The Bureau of Health, Division of Health Promotion and Education, is the lead unit for tobacco prevention and control planning and interventions. The Office of Dental Health is the unit with major responsibility for smokeless tobacco education.

The Division of Health Promotion and Education, although serving as the lead unit for tobacco prevention and control, serves in this role with few or no resources dedicated specifically toward this major public health problem. Utilizing existing staff and resources, the Division has attempted to overcome the lack of dedicated resources by integrating tobacco issues with other programs whenever possible, utilizing free services and technical assistance of federal agencies and promoting attention to the issue through information dissemination and other methods. The Division Director has served as chief staff support to the Governor's Commission on Smoking OR Health. Despite the lack of resources, the Maine Bureau of Health has done a significant job in tobacco prevention and control. Bureau activities have been described in detail in Section IV, Interventions.

7.2.1.11 Department of Human Services Library

The Department of Human Services (DHS) Library which began in 1970, provides health science information to Departmental employees, health professionals, health-oriented agencies and private citizens.

The Library was involved in forming the Maine Health Science Library and Information Consortia, Inc. (HSLIC) in 1973. Active cooperation with the Consortia and other reciprocal libraries has resulted in an increase in availability of health science information through the DHS Library.

In addition to basic health science information, special collections include health education and promotion, diabetes, occupational health, nutrition, cardiovascular health, alcohol and drug abuse, radiation, water, sanitation, environmental health and acquired immunodeficiency syndrome (AIDS). The Library also maintains an extensive periodical collection in many of the areas listed above.

The DHS Library audiovisual collection includes subjects in the use of child safety seats, seat belt safety, scoliosis screening, parenting, stress management, smoking cessation, self-breast examination, AIDS, and other sexually transmitted diseases.

The Library provides circulation of in-house materials, and audiovisual equipment, also reference services and interlibrary loans services. As of 1988, the Library offers literature searches (bibliographies) on any health topic from either Medline (National Library of Medicine) or the Bibliographic Retrieval Service (BRS Information Technologies). Combined, these two vendors provide the Library access to over 150 different databases.

In 1970, the total of completed requests for information was 1,252. In calendar year 1985, that total increased to 8,271. In fiscal year 1986-1987, the total decreased slightly to 8,103 due to a change to more accurate statistical procedures. In fiscal year 1987-1988, totals again decreased due to the relocation to its present location and then from recovery from flooding.

7.2.2 Public Health Intervention Projects - Other Bureau of Health Units

7.2.2.1 National Cancer Institute Technical Assistance Grant

In September, 1986, the Maine Bureau of Health was awarded a National Cancer Institute Cancer Control Technical Assistance Grant to improve and enhance Maine's Cancer Control Program. The objectives of this program are as follows:

1. Improvement of occupational/environmental surveillance by conducting a state-wide training seminar for hospital personnel in the collection and coding of occupational information on cancer patients by bringing into the State a consultant (Lois Schuster from NIOSH) skilled in conducting training workshops in the collection and coding of occupational information from medical and vital statistics records and reports.

2. Implementation of a systematic and comprehensive cancer mortality review function in Maine's Cancer Registry Program by matching cancer incidence with death certificate records and facilitating the dissemination of state-of-the-art treatment information by training personnel in the use of the Physician Data Query (PDQ) system to physicians responsible for the care of cancer patients.

Achievements of the Maine Cancer Registry Program include:

1. Annual reports completed for 1983, 1984, 1985 and 1986.

2. Summary of quality control evaluation for completeness of reporting by Maine hospitals to the State Cancer Registry Program supported by NCI Cancer Control Technical Assistance Cooperative Agreement.

3. Evaluation done at Henrietta D. Goodall Hospital. A screening of cancer cases was done because no cases had been reported from this hospital. It was discovered that approximately 100 cases should have been reported to the State Registry per year when the Maine State Registry became effective as of January 1, 1983.

4. Comparison of Death Certificates to Maine cancer patients supported by NCI Cancer Control Technical Assistance Cooperative Agreement.

5. The Cancer Program has also complied with many requests by hospitals throughout Maine for specific information requested.

6. The Maine Department of Human Services, Bureau of Health, Division of Disease Control conducted a state-wide training seminar in November, 1986 for hospital personnel in the collection and coding of industry and occupational information on cancer patients by bringing into the state a consultant skilled in conducting training workshops in the collection and coding of occupational information from medical and vital statistics records and reports. This activity was supported by NCI Cancer Control Technical Assistance Cooperative Agreement.

7.2.2.2 Chronic and Sentinel Disease Surveillance System

The Maine Department of Human Services and the Maine Health Care Finance Commission were funded through a three year cooperative agreement with the Centers for Disease Control to develop a chronic disease surveillance system for selected chronic health conditions. Particular emphasis has been placed on assessing the impact of environmental and toxic exposure on the chronic disease burden present in Maine. Specifically the project undertakes: To compare selected chronic disease incidence rates in communities know to contain hazardous waste, and to examine the temporal and spatial distribution of chronic and sentinel disease events for patterns which may indicate exposure to environmental contaminants.

Follow-up studies will be proposed, as appropriate, to investigate unusual disease patterns and to identify effective corrective measures. The project is committed to establishing an active chronic and sentinel disease surveillance system, capable of responding to requests for information that can serve State health planners, health care providers, and public health professionals. The project will develop a system which utilizes all existing health data and links these data sources together. During the first year investigators have devoted the most time to establishing and recruiting personnel and developing linkage of records, with particular attention being given to the methodology for elimination of duplicate records. The Maine project is further committed to investigating the feasibility of expanding its system to other New England states through cooperative efforts with the Northeast Regional Environmental Public Health Center.

The overall goal of the project is to establish a chronic and sentinel disease surveillance system utilizing hospital discharge data and other sources of information to monitor the potential health consequences of exposure to environmental toxic agents to assure that intervention actions taken on a state-wide level are based on a comprehensive evaluation of the best available information. The specific objectives of the program encompass both process and research objectives. A new effort has begun to collect Ambulatory Data from out-patient facilities. This effort will include a focus on Breast and Cervical Cancer.

7.2.2.3 Breast Cancer Control Demonstration Project

In September 1988, the Division of Disease Control received funding from the Centers for Disease Control to begin a two year planning project directed at increasing the screening for, and detection of, breast cancer in Maine women. The project has four main components: Quality Assurance for Mammography; Primary Care Provider Education; Consumer Education; and an Assessment for Mammographic Cost and Access Issues. The project integrated the Cancer Prevention and Control Advisory Committee into all aspects of its work. Major surveys were done of primary care providers and mammographic facilities. In 1990, largely due to data gathered by the Breast Cancer Control Demonstration, the Maine's State Legislature passed a bill mandating insurance coverage for screening mammography.

7.2.2.4 Cancer Prevention and Control Team and Advisory Committee

As part of Bureau-wide planning based on the 1990 Objectives for the Nation, in 1985 a Cancer Prevention and Control Team was formed with representatives from various Divisions in the Bureau to assume internal coordination of cancer prevention and control activities.

Representatives were included from: The Division of Disease Control which included the Cancer Registry and Environmental Health Unit; Division of Health Promotion and Education which included tobacco prevention and control and community-based chronic disease prevention and health promotion programs; Office of Dental Health - smokeless tobacco interventions; Division of Maternal and Child Health - pediatric nutrition; Division of Public Health Nursing; Division of Health Engineering - radiological health and Public Health Laboratory. This team still functions today and provides an internal steering group for cancer prevention and control.

In 1986, the Department of Human Services, Bureau of Health formed a Cancer Prevention and Control Advisory Committee. The Department submitted legislation in the Maine 113th Legislature (1987) to formally establish the committee as an official advisory body. The bill passed by the Legislature and signed by the Governor in June 1987. The mission of the Cancer Prevention and Control Advisory Committee is "to advise the Commissioner, Department of Human Services, in the development of a State Cancer Policy and on a coordinated statewide approach to cancer prevention and control." The following are committee responsibilities:

- Priority-setting consultation for both cancer prevention and control.
- Technical assistance/advice on Bureau programmatic activities.
- Coordination of resources in cancer prevention and control.
- Management consultation to the Cancer Registry.
- Advocacy for adequate resources for cancer prevention and control;
- Coordination of an annual cancer prevention and control conference to coincide with the release of the Tumor Registry report;
- Communication among members and others on significant cancer prevention and control initiatives within Maine and the Nation;
- Consultation on cancer prevention and control issues.

The Governor appointed ten committee members and the President of the Senate and Speaker of the House appointed seven members.

The legislation stipulates that the committee membership include individuals with training and experience in the following fields: medicine - M.D. or D.O., oncology, medical and biological sciences, hospital administration, nursing, medical records administration, hospital tumor registry operations, health promotion and education, epidemiology, and biometry.

The Advisory Committee has been meeting regularly since the Fall of 1987. The work is performed by a set of subcommittees, staffed by senior professionals in the Bureau of Health.

An early committee decision to develop a comprehensive state plan for cancer control was subsequently tabled in favor of setting a few priority areas for action-oriented initiatives. The three priority areas selected were lung cancer and smoking, cervical cancer, and breast cancer. Nutrition was recognized as an important intervention for cancer prevention and control however, the other areas were recognized as primary priorities.

7.2.2.5 National Cancer Institute Data-Based Information Research in Public Health Agencies for Cancer Prevention and Control

The Bureau of Health was notified in May 1990 that its proposal for the above titled project was approved. However, as of September 5, 1990 it has not been completely negotiated for start-up. When it commences, it will involve a seven year project to appraise data sets for their usefulness in describing cancer control needs and targeting intervention activities in tobacco control, breast and cervical cancer, diet modification and occupational cancer control. For this project, several staff (Public Health Educator, Nutrition Consultant, Epidemiologist, Clerk Typist) will be hired. The Public Health Educator III will be responsible for tobacco prevention and control interventions as well as the public education aspects of all other program components.

The Bureau of Health, Division of Health Promotion and Education staff will ensure the integration of tobacco control aspects of this project with Project ASSIST.

7.2.3 Participation in Coalitions and Other Collaborative Arrangements

Maine Bureau of Health staff are convenors in leadership roles, participate in or serve as staff to a diverse number of committees, coalitions, councils or consortia. A number of official advisory committees including the Cancer Prevention and Control Advisory Committee described above, the Environmental Health Advisory Committee and the Scientific Advisory Board, and the AIDS Statewide Advisory Committee, are staffed by senior members of Bureau of Health staff.

Division of Health Promotion and Education staff play an integral role in the Maine Coalition on Smoking OR Health. A former Bureau of Health Director served as chairperson of the Coalition. Division of Health Promotion and Education staff provide support to Coalition initiatives, meetings and logistics whenever possible and whenever Coalition lobbying activities does not present a conflict. Division of Health Promotion and Education staff including the Division Director, Randy Schwartz, and the Public Health Educator/Manager of the Cardiovascular Disease Risk Reduction Program provided staff support to the Governor's Commission on Smoking OR Health. A detailed description of the Maine Coalition on Smoking OR Health and the Governor's Commission on Smoking or Health has been provided in Section IV, Interventions.

Bureau staff play leadership roles in the following coalitions, councils, committees and consortia.

7.2.3.1 Maine Cardiovascular Health Council

Since 1978, a significant leader in the state's efforts to address cardiovascular disease has been the Maine High Blood Pressure Council. In November 1989, the Council changed their name to the Maine Cardiovascular Health Council (MCHC) to more accurately describe and reflect the Council's expanded concern for the reduction of other risk factors of cardiovascular disease. These include elevated blood cholesterol, smoking, stress and exercise, obesity, and diabetes. The focus of the Council is:

1. To improve the control of high blood pressure and other cardiovascular risk factors;
2. To provide an opportunity for the exchange of information on methods and procedures used to control hypertension and other CVD risk factors;
3. To continue to develop standards as needed regarding screening, treatment, equipment, follow-up, and data collection for hypertension and blood cholesterol programs;
4. To promote patient, professional, and public education programs related to the various CVD risk factors; and
5. To serve as an advisory board, to the state's Division of Health Promotion and Education, as well as to other agencies, in program development and funding issues.

Any individual or organization in the State of Maine interested in any phase of cardiovascular risk reduction is eligible for membership in the Council. Present membership numbers about 50, and includes physicians, nurses, consumers, health educators, pharmacists, fraternal orders, planners and representatives of labor and industry. The functions of the Council are carried out through a Board of Directors and an Executive Committee.

The Council was instrumental in promoting the previously discussed legislation to increase the resources needed to improve cardiovascular risk reductions programs for the Bureau of Health's Community Cardiovascular Risk Reduction Programs. The Council and Division of Health Promotion and Education plan to work closely when utilizing these new funds. In addition, the Council sponsors Blood Pressure Measurement and Equipment Calibration Technique Instructor Trainer Workshops, and organizes and conducts nurse update programs in high blood pressure and cholesterol control for office, community, and hospital nurses.

The Maine Cardiovascular Health Council's re-organization included the following committees: Advocacy Committee, Community Programs Committee, Education Committee, Blood Pressure Professional Advisory Group, Diabetes Committee, Lipids Committee, Obesity and Diet Committee, Physical Activity and Inactivity Committee, and Smoking Committee.

The Director of the Division of Health Promotion and Education is a member of the Council's Board of Directors, the Public Health Educator/Manager of the CVD Risk Reduction Program and the Diabetes Control Project's Nurse Consultant are active participants in the Council. In fact, a large portion of the Council's funding is provided by the Bureau of Health.

7.2.3.2 The Maine School Health Education Coalition (MeSHEC)

MeSHEC is a group of more than 50 individuals who are concerned about school and child health. Membership includes representatives from health and service agencies, school systems, the University of Maine and State Government. Since its formation in 1984, MeSHEC has promoted comprehensive school health education through legislation and teacher training and contributed to the development of certification standards for health educators. MeSHEC is also helping to build grassroots support for comprehensive school health through a statewide network of regional coalitions. The regional coalitions provide members with the information, skills and support to enable them to advocate effectively for school health education in their communities.

Staff of the Division of Health Promotion and Education are integrally involved in MeSHEC.

7.2.3.3 Bingham Consortium for Health Research

The Bingham Consortium for Health Research was established on the campus of the University of Southern Maine in 1988. The purposes are

"to expand and improve health research capacity in Maine, notably in the areas of epidemiology, health services, and behavioral aspects of health. The Bingham Consortium for Health Research shall assist its members by providing such services as may be appropriate to conduct research and educational activities and by facilitating and promoting communication among its members, other research and educational groups, and the general public."

The Consortium includes representatives of University of Southern Maine (various units), Foundation for Blood Research, several family practice residencies, Maine Medical Center and several units of the Department of Human Services. Bureau staff participate in the consortiums various workgroups. In addition, the Director of the Bureau of Health, Lani Graham, M.D., MPH and the Director of the Division of Health Promotion and Education, Randy Schwartz, MSPH both serve on the Consortium's Policy Board.

7.2.3.4 Maine Prevention Network (MPN)

The Maine's Prevention Network is a statewide coalition of 25 organizations and individuals committed to the concept of primary prevention. The Director of the Community Health Promotion/Chronic Disease Prevention Unit, Sandra Hoover, PhD, MPH (proposed ASSIST Project Manager) is an active participant in the Maine Prevention Network.

VIII. VOLUNTARY HEALTH AGENCY QUALIFICATIONS

VIII. VOLUNTARY HEALTH AGENCY QUALIFICATIONS

The American Cancer Society is a voluntary organization dedicated to the control and eradication of cancer with national headquarters in Atlanta, Georgia. The Maine Division, Inc. is one of 57 incorporated Divisions within the American Cancer Society.

8.1 Financial Policy

American Cancer Society, Maine Division, Inc. receives no federal funds, either directly or indirectly, or through a subcontract with Maine Department of Human Services. The organization operates on donated funds that are raised by volunteers and committed to research, education, and service.

The Charter Certification Requirements states that the Division shall:

- recruit, organize and train, supervise, utilize, and recognize volunteers to carry out its purposes.
- accept, dispose, allocate, and use all funds and property from whatever source derived in accordance with the policies of the National Society.
- keep its accounts in accordance with forms and procedures as outlined in the American Cancer Society Accounting Manual.
- require Units:
  1. to meet Division requirements annually.
  2. to accept and acknowledge annually, in writing, Certificates of Authorization issued by the Division.
  3. to adopt By-laws.
  4. to carry out activities at or above established minimum measurable requirements for Units in Crusade and Income Development, Public Education, Service and Rehabilitation, and Professional Education.

8.2 Primacy of Cancer Prevention and Control

Through its original purpose and goal oriented structure, the American Cancer Society recognizes and promotes the primacy of cancer prevention and control and is a recognized leader in health education using targeted programs. The American Cancer Society focuses on prevention and early detection; cancer prevention includes smoking control, as well as the relationship between diet, nutrition, and cancer. Being a recognized leader in its delivery of health education aimed at specific target groups, the American Cancer Society uses programs that ensure positive actions and lifestyles in its educational goal of lowering the risks of cancer among the population. The organization's chartered goals are set out in a mission statement as follows:

"The American Cancer Society is the nationwide voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives from cancer, and diminishing suffering from cancer through research, education, and service."

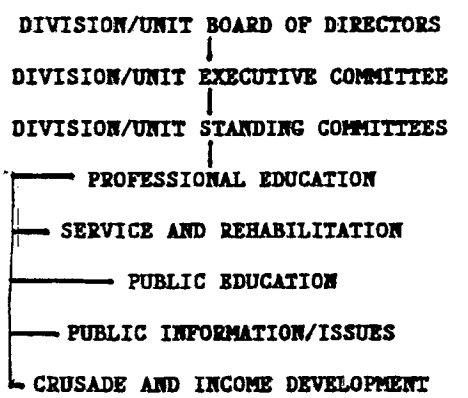
8.3 Organizational Structure

The American Cancer Society has in place, and functioning, the required organizational structure and volunteer network on the local level that address the needs of the intervention site. The minimum of one volunteer per 1000 population has been met in Maine with the staff and volunteers adhering to the stated goals.

With its organizational strength, the American Cancer Society is well prepared to use its relatively small staff to effectively deploy its volunteer force to reach the maximum population. For successful deployment of this volunteer force, the American Cancer Society subscribes to a management strategy called Management by Objectives (MBO). This includes an analysis of the current status of organizational objectives with action steps, setting of individual performance objectives, and periodic follow-up and evaluation. Through the MBO process, volunteers and staff share responsibility for cancer control throughout the State. This management philosophy recognizes and supports the full participation of all volunteers and staff in decision-making and program implementation.

The following organizational chart depicts the volunteer structure of the American Cancer Society that best fulfills the need to most effectively utilize volunteer resources.

ORGANIZATIONAL CHART OF VOLUNTEERS



The Division is the policy-making body with the Unit directly involved in decision-making and ultimately responsible for carrying out the American Cancer Society's programs.

8.4 Organizational Contributions

The American Cancer Society's organizational contributions will be equal to at least 15% of the total contract funds annually.

During the first year, a FTE will be hired. Their salary, along with a percent of existing staff's salary will be $51,966. Specifically, the time from existing staff will include the Public Education Director (30%), Public Education Secretary (30%), four field representatives (10% each), two clerical positions (2% each), and computer programmer (5%).

Other costs associated with Project ASSIST will include:

Travel - This will include in-state travel, meals and related miscellaneous expenses for both staff and volunteers. It will be primarily for the fTE and the two staff people who serve on the Executive Committee. The American Cancer Society reimburses travel at .22¢ per mile.

Training - The utilization of both local and national training opportunities.

Literature - Materials used will include general lung/smoking education literature, as well as materials for the Great American Smokeout and other special projects. Program materials will include those for Smart Move and FreshStart.

Copying/Printing - The American Cancer Society is equipped to produce in-house materials. The expense is primarily for paper goods and supplies.

Postage/Shipping - All materials are mailed at the most economical rate; utilizing both the U.S. Postal Service and United Parcel Service.

Utilities/Phone - The majority of this expense will be incurred by use of phones.

Equipment - This item includes both the purchase and maintenance of office equipment. The purchase will be a typewriter for the FTE. Other equipment needs will be provided from existing resources where possible. The maintenance includes service and repair on all major equipment.

AMERICAN CANCER SOCIETY CONTRIBUTION

	Contract Year						
	1	2	3	4	5	6	7
A. Direct Labor							
1. Salaries	51,966	56,123	78,572	82,501	86,626	90,957	95,509
2. Benefits	10,974	11,852	16,593	17,423	18,294	19,209	20,169
Subtotal	62,940	67,975	95,165	99,924	104,920	110,166	115,678
B. Other Direct Costs							
1. Travel Expenses							
a. Staff	5,760	3,760	5,948	4,145	4,352	4,570	4,799
b. Volunteers	1,545	945	1,732	1,860	2,304	2,497	2,749
2. Training	2,950	1,825	4,110	3,266	3,429	3,600	3,780
3. Literature	8,642	6,903	9,179	7,466	7,765	8,076	8,399
4. Copying/Printing	5,309	4,792	6,080	5,385	5,708	6,050	6,413
5. Postage/Shipping	3,441	3,207	4,399	3,603	3,819	4,048	4,291
6. Utilities/Phone	3,917	4,230	4,568	4,933	5,328	5,754	6,214
7. Equipment							
a. Purchase	1,288						
b. Maintenance	500	540	583	630	680	734	793
Subtotal	33,352	26,202	36,599	31,288	33,385	35,329	37,438
Total	96,292	94,177	131,764	131,212	138,305	145,495	153,116

8.5 Smoking Prevention and Control Programs

The following is a description of the specific type of activities carried out in each of the program areas:

8.5.1 Professional Education

Physicians, nurses, dentists, social workers, nutritionists, and many other members of the health care team play a vital role in delivering Professional Educational programs. These volunteers also contribute their services in all American Cancer Society programs. For example, in Maine, physicians throughout the State serve on a speaker's bureau which presents informative programs to lay audiences (companies, schools, etc). In addition, they provide factual information and educational opportunities to physicians and other health professionals. The purpose is to persuade or stimulate the medical community to carry out the necessary or special procedures in prevention, early detection, diagnosis, treatment, and rehabilitation of cancer. Health professionals also recognize the importance of their individual roles in controlling cancer and serve as exemplars.

Publications assist the medical community by enhancing their level of knowledge in a most expedient manner. The Ca-A Journal for Clinicians is provided to all physicians in Maine, as is the Cancer Nursing News for nurses. Also, the medical community has developed a local newsletter for professionals in Maine. This newsletter serves as a forum for more relevant issues and provides an opportunity for volunteers to contribute articles.

A specific example of activities involving the medical community in smoking related programs is the recent cosponsorship with NCI of Train the Trainer. Physicians from around the State attended this day long training to learn how to not only help patients to stop smoking, but to train other physicians to do the same.

The potential for health care providers to reach large numbers of patients with relatively little cost and their stature as role models, educators, and authority figures in health related behaviors make them a critical force in community smoking control efforts.

8.5.2 Service and Rehabilitation

Cancer patients are often the best volunteers in convincing the public to modify or change health habits to prevent unneccessary disease. For this reason, volunteers, especially members of the Nu-Voice Club, are utilized in the speaker's bureau and are especially effective in presentations to youth. These volunteers, who have undergone laryngectomies, visit schools throughout the State and provide a powerful message about the hazards of tobacco use.

8.5.3 Public Education

The American Cancer Society's Public Education programs are designed to motivate people to protect themselves against cancer. There are two primary purposes that we wish to achieve in the control of cancer:

- To make people aware of the fact that they can do something to protect themselves against cancer.
- To motivate people to practice what they have learned, such as quitting smoking.

The following key principles of health education are considered when planning programs.

Health education principally seeks to create a permissive climate in which learning can take place. Those involved in health education are not concerned merely with dispensing facts. They encourage action by using the teaching method which is most conducive to an individual's assimilating health information and modifying their behavior in light of that information. For this reason, American Cancer Society Public Education programs are conducted in as relaxed an atmosphere as possible, without over-emphasis on the lecture method.

Education should be tailored to the needs of the audience. People learn best when the instruction "begins where they are," when it is structured to their experiences, attitudes, and needs. For example, planning a program for an ethnic group should include people from that group to ensure that the program will meet the specific needs of the audience.

People learn best by doing. The adoption of new ideas is enhanced through "involvement," so programs should provide for discussion and interaction between the audience and the speaker. American Cancer Society Public Education programs are based on participation; the individual is provided not only with information, but also with the opportunity to take an active part in the educational process.

Effective education and evaluation of results depend on clearly defined objectives. One of the first questions that should be asked is, "Exactly what is the purpose of this program?". A clear-cut objective will focus the planning and dictate the proper teaching sequence.

Two-way communication facilitates learning. The learners should discuss their concerns and feelings to uncover any misconceptions, thus facilitating motivation for action. American Cancer Society Public Education programs emphasize two-way communication. Programs are planned to allow sufficient time for discussion or for a

question-and-answer period. Similarly, programs of orientation and training for new staff and for special instruction of volunteers should provide for constant feedback from the trainee to the instructor.

Learning is enhanced by supplementary teaching methods. A verbal presentation accompanied by audio-visual aids and followed by discussion is more effective than the use of any single method alone. Each supplements and reinforces the other. Public Education programs may also include well-prepared charts - and other visuals that are easily understood - and, if possible, interesting exercises to involve the audience.

Learning is an accumulative process. Teaching should consist of a series of interrelated segments, each building on previous information. A series of programs reaching the same audience is more valuable than a "one shot" effort.

Evaluation is an integral part of teaching. Evaluation involves continuous feedback from the learner and constant assessment by the teacher. Comparison of data collected before and after the teaching will be helpful in evaluating the results achieved. Both immediate and long-range evaluation should be utilized. Often a simple questionnaire can help the individual see more clearly the objectives of the program and will reinforce the information covered.

In educational programming, there are two considerations: the task itself and the personality of the individual. In one-to-one relationships or in group discussion, it is not enough to be aware only of the task-oriented mechanism; educational programs should also be geared to the personal needs of the participants.

The perception of those who are to be taught must be taken into account. Since each person has individual meanings for words and concepts, it is important that these differences be discussed before learning can occur. This is especially important when working with ethnic groups. American Cancer Society speakers and group discussion leaders are selected for their ability to communicate and to be understood.

The planning process is in itself an educational method. Program participants can provide input in deciding how the program is to be conducted because they know the needs of their community. The mere process of setting up their own education programs helps individuals learn.

The Public Education efforts address two major audiences: youth and adults. To address youth, the American Cancer Society has embarked upon an ambitious and hopeful project, the Smoke-Free Young America campaign. Our goal is the elimination of smoking among young

people in Maine. To achieve this goal, we have come to realize that "quit smoking" campaigns alone are not enough. With cessation techniques, we are always playing "catch up," watching the numbers of teenage smokers grow as fast or faster than the ranks of ex-smokers. Instead, to succeed in creating a Smoke-Free Young America, we must prevent young people from ever becoming smokers in the first place, hence the Smoke-Free Young America campaign. The essence of the campaign is a set of four target groups. By reaching and affecting these groups at the right time, we have the opportunity to transform the smoking profile of Maine. These groups are:

Vocational-Technical High School Students
Expectant Parents
Preschool Children
Early Adolescents

8.5.3.1 Vocational Technical High School Students

National research discovered many factors which lead to vocational-technical students as a target.

- Vocational-technical students are more likely to be surrounded by smoking role models - friends, parents, brothers, sisters, and teachers who smoke. A full 34% of the vocational-technical students polled had brothers or sisters who smoke, as compared with 20% of the college prep students.

- When they do smoke, vocational students tend to smoke more cigarettes per day than college prep students.

- They are twice as likely to report planning to go into the military, where the smoking rate is higher.

Another significant factor which affects the smoking behavior of vocational-technical students is the fact that they often work part-time or full-time while going to school. Since there is a higher incidence of smoking among blue collar workers, and since many vocational-technical students are preparing themselves for trades and industry, this often means that these teenagers are confronted with smoking role models on the job. The pressure to conform, or at least to model themselves after their co-workers, is not easily ignored.

And finally, because they are in the workplace, vocational-technical students lead a more "adult" lifestyle in many ways, and are asked to cope with adult responsibilities and pressures at an earlier age.

For all of these reasons, vocational-technical students have been targeted as an "at risk" group in need of smoking prevention, intervention, and cessation programs tailored to their particular level.

The Breaking Free program is valuable in reaching this target audience. The materials are student-directed, not teacher-directed, allowing students to take the initiative and use the components independently. Teachers can participate by using the materials in any vocational curriculum area or as a special resource for students who are trying to quit smoking.

Various levels of implementation have been used throughout the state. The computer software has been the most popular request with the video being the second choice among schools. The program also includes a poster, comic book, and discussion guide.

8.5.3.2 Expectant Parents

There are two ways we appeal to expectant parents on the smoking issue. The first and most immediate, of course, is to describe the effects smoking has on the fetus. But women who quit smoking in order to protect their unborn children are not always motivated to stay off cigarettes after the baby is born. In fact, the stresses involved with being a new mother can prompt some people to resume smoking. For this reason, we provide maintenance programs specifically geared toward women who have given up cigarettes during pregnancy.

Our second avenue of appeal is to make new parents aware of the relationship between parental smoking and adolescent smoking in years to come. It is widely known and understood that children form their ideas about what it is to be an adult by watching and imitating their parents. It may also be true that even in infancy, children are aware of their parents' smoking behavior and are influenced to copy it later in life. In any event, we know that children who live with smokers are statistically more likely to become smokers themselves. Thus, by reaching expectant parents with these statistics, which predict that they put their own children at risk when they smoke, perhaps we can persuade them to eliminate cigarettes permanently from their lives.

The program utilized in reaching expectant parents is Special Delivery, which is particularly appropriate for low income pregnant smokers for two reasons, risk and access, as follows:

Risk: Poor nutrition and a lack of regular health care often leave pregnant women from low income groups prone to a wide range of health problems. If these women smoke, the risks are even greater for them and their unborn children.

Access: Low income pregnant women are not likely to attend stop smoking clinics.

With this in mind, Special Delivery has been implemented statewide via the Women, Infants and Children (WIC) Program. Our goal is to reach half of the 1,800 clients in Maine who smoke during 1990.

8.5.3.3 Preschool Children

By addressing children at an early age, we hope to better prepare them for the peer pressures that they'll face in early adolescence, which often lead to smoking experimentation. Children under the age of five are already in the position to begin forming opinions about smoking, even though they may not yet be experimenting with cigarettes. Because children of smoking parents are sometimes receiving mixed messages, it is crucial that information and guidance be supplied from some outside source. Moreover, we have found that when children are exposed to smoking education programs at school, the smoking behavior of their parents can be affected as well. Consequently, by addressing a smoking education program to preschoolers, we have the opportunity to reach and affect adult smokers as well.

The program developed to address preschoolers is Starting Free: Good Air for Me. The program is designed to help young children learn polite ways to tell a smoker or other adults how smoke makes them feel and be able to leave a room when someone is smoking.

Here in Maine, Starting Free: Good Air For Me was piloted at the University of Southern Maine Day Care. For the fifty plus children attending, the program provided an opportunity for meaningful discussions and expressions of attitudes regarding cigarette smoking. Since this pilot project, the program has been offered to all day care centers and requested for use by over 25% of them.

8.5.3.4 Early Adolescents

We have come to understand that smoking intervention must be directed at 4th, 5th, and 6th graders, as well as the 7th and 8th grade children. Intervention is the process of "stepping in" at the precise moment when a young person is first experimenting or thinking about experimenting with cigarettes, and offering that child concrete techniques to help deal with the social pressures which often accompany cigarette experimentation. Unlike prevention programs which have traditionally supplied facts and information about the health hazards associated with smoking, an intervention program combines that information with an important new ingredient: skills-training to help adolescents acquire personal competence and resist social pressures. Role-playing, the use of peer leaders, and a discussion of the social consequences of smoking are some of the techniques which are used.

Early adolescence is the optimum time for a smoking education effort. For one thing, children at this age are between two stages - the stage of never having tried cigarettes, and the stage of possibly becoming a smoker. For another, studies tell us that the younger a child is when he begins to smoke, the more difficult it is to quit.

We know that anti-smoking programs aimed at 7th - 10th graders have been most successful when they have included some kind of skills-training to help teenagers cope with peer pressure.

In addition to the many traditional resources available to this age group, we have developed a new program titled FreshStart for Students (F.S.F.S.). This program provides students with an opportunity to address issues such as peer pressure by having "peer counselors" as facilitators. The recruitment of peer counselors has been a positive dimension of this effort.

One particularly newsworthy aspect of the Smoke-Free Young America Campaign is the fact that the American Cancer Society has joined together with the American Lung Association and the American Heart Association to work at lowering the incidence of smoking among youth. To succeed, we have realized that we must use the considerable influence which our combined resources can generate to bring about a change in the environment - a change which will permanently alter the way cigarette smoking is perceived. Toward that end, we are pursuing the following goals:

- the implementation of non-smoking policies in schools.
- the elimination of cigarette advertising and particularly teenage models in cigarette advertising.
- the elimination of cigarette sponsorship of public events.
- an increase in cigarette excise taxes.
- adoption of the Clean Indoor Air Act.

The following are examples of projects which have been initiated by our tri-agency efforts, collectively known as the Tri-Agency Tobacco Free Project.

A major component of the project is the Maine Youth Tobacco Use Survey. The survey will be (or has been) conducted every other year for grades five, seven, nine, and twelve until the year 2000. The 1987 survey (in the Appendix) revealed meaningful statistics, some for the first time in Maine.

The follow-up survey, conducted in 1989 (in the Appendix) provided an initial opportunity for comparison of figures. This effort exemplifies the extent to which the tri-agency cooperation can produce meaningful results.

The Maine Youth Tobacco Use Survey remains the nation's largest, most comprehensive statewide survey on teen tobacco use. From it, important current, and previously unavailable, Maine specific data has been obtained.

In Maine, the Smoke-Free Class of 2000 is another joint effort of the American Cancer Society, the American Lung Association and the American Heart Association. It is a twelve year program designed to follow those children who will graduate from high school in the year 2000. Each year, children are targeted with anti-smoking messages. The overall goals are to:

- encourage the adoption of tobacco-control programs in the context of comprehensive school health education.
- provide the children of the Class of 2000, their parents, and their teachers with anti-smoking awareness materials designed especially for them.
- focus media and community attention on these children as the symbolic ambassadors of a new smoke-free generation.
- build and strengthen local tri-agency tobacco-control working groups.
- recruit more volunteer/organizational participation in the campaign.
- foster a public perception that the use of tobacco is a socially unacceptable behavior.

It is hoped that after the twelve year period, the children of the Class of 2000 will be educated about the negative health effects of tobacco and, therefore, choose not to smoke. This project was in response to identification of smoking as the health priority of the nation by the Surgeon General of the U.S. in 1984. Determining that interventions previously have been inadequate in actually preventing youth from using tobacco, C. Everett Koop, M.D. called for a Smoke-Free Society by 2000, and requested voluntary agencies to respond, renew commitments, and reassess anti-smoking efforts and objectives.

The American Cancer Society's adult education programs assist individuals to quit smoking. The priority for our cessation efforts is to promote independent stopping. Public Education programs involving a speaker, film, and discussion are the primary tools used. Our approach in motivating stopping includes information about the ways that smoking is damaging and that the health risk is personally relevant to them. A third issue for motivating independent stopping is promoting the numerous benefits: health returns to normal, improved quality of life, greater energy, longevity, increased sense of mastery, and so forth.

The Smart Move program was developed out of a need to provide the public with minimal intervention. It draws heavily upon the

National Cancer Institute's research regarding the most effective self-help techniques and methods. Research conclusions are that:

- motivation to quit is critical.
- hearing about others' success in stopping is important.
- people prefer brief, concise information about stopping.
- everyone has a different way to stop. No one method is better than any other.
- most people stop for health reasons: they say they quit for their own health or for the health of those around them.
- it is helpful for smokers to prepare to overcome barriers to quitting.
- the more frequently opportunities are made available to cue smokers to stop, the more likely smokers will do so.

Smart Move, which is written at a sixth grade reading level, makes use of these findings. In addition, the program discusses the addictive nature of nicotine and presents strategies for breaking the addiction.

The program's format allows volunteers to provide assistance to smokers in small to mid-sized companies where they have been shown to be less likely to provide smoking cessation assistance to their employees. Smart Move has also been very successful in other settings, such as churches, clinics, community centers, and hospitals.

Group intervention is another way the American Cancer Society addresses cessation. The FreshStart program is offered in settings where groups of people are interested in stopping. Volunteers deliver this straightforward, no-nonsense quit smoking program. FreshStart contains all the essential elements that can help smokers to stop and actually stay off cigarettes. The topics covered are addiction, habit, and psychological dependency; ambivalence about stopping; stress management; weight control; etc.. The program also addresses the behaviors, thoughts, and feelings of the participants.

FreshStart consists of four one-hour sessions held during a two-week period. The program is more cost-effective and at least equally effective in yielding cessation as other longer quit smoking programs.

The Great American Smokeout is a classic example of becoming mobilized in response to a defined need for intervention. This event was designed to provide an upbeat, good-natured effort to encourage smokers to give up cigarettes for 24 hours.

In 1989, 35.9% of the nation's 50 million smokers participated in the Smokeout, and 10.5% of them stayed off cigarettes for 24 hours. The 1990 Great American Smokeout's goal is to "help at least one in every five smokers (20%) to give up cigarettes for the 24 hour period."

The target audiences for this event are schools, companies, hospitals, and the military. Each audience receives a specially prepared packet of materials to enable them to carry out the event on site. Additional support is provided by volunteers who conduct trainings and facilitate programs. The essence of the event is the enormous amount of media coverage which often leads to policy changes and an increased demand of smoking cessation programs.

In addition to these formal programs and events, the American Cancer Society provides a variety of other opportunities to reduce the incidence of smoking. The self-help and informal materials constitute an extremely cost-effective route to helping people stop. Use of self-help materials has been shown to double the odds that a motivated smoker will stop.

Our toll free phone line also provides a means of support for individuals who want to stop. By communicating a sense of caring and concern, the caller receives the kind of support necessary to increase their likelihood of quitting.

8.5.4 Public Information/Issues

The American Cancer Society's Public Information and Public Issues programs support our goal of reducing the incidence of smoking. Public information efforts directed at maintaining continuous relations with local media is the responsibility of the volunteers. They get to know editors, reporters, and program and news directors.

Mass media offers the most immediate and effective means to spread information about smoking and health. We offer anti-smoking public service spots to television and radio, print ads to community publications, church organs, school and college papers; and hospital and company newsletters.

The Public Issues program is the avenue for addressing cancer-related issues at all levels of government. It provides a vital link for mobilizing volunteers to support or oppose legislation that may affect cancer control and the lives of cancer patients.

Public Issues activities have been primarily concerned with the limitation of smoking in public and work places; the enactment of clean indoor air legislation; laws and regulations to protect the rights of nonsmokers; and restrictions on sales to minors. These activities are promoted by the formation of coalitions. In Maine, the Smoking OR Health Coalition provides strong ties to legislative activity relative to smoking control.

Another effort which has been recently implemented is Where There's No Smoke. This effort is directed toward motivating community leaders and other citizens to act to protect themselves and their communities from the hazards of environmental tobacco smoke. The goals of Where There's No Smoke are twofold. The first is to help community leaders implement policies that will ensure smoke-free air. The second is to help everyone in their community to understand the hazards of environmental tobacco smoke and take action to reduce these hazards.

The American Cancer Society also cooperates with many other agencies, organizations, and projects that share common goals. Some joint efforts include our involvement with the following:

Maine Wellness Conference - prepares teams from school districts to effectively implement comprehensive school curriculum.

Maine School Health Education Coalition (MeSHEC) - combines the resources of many individuals and groups to advocate for school health and to train teachers to be more effective in health education.

Healthy Me/Healthy Maine - is focused on developing criteria and models for K-6 curriculum.

Cancer Prevention and Control Advisory Committee - is charged with addressing specific cancer problems here in Maine.

United Way's At Work Program - provides an opportunity for the American Cancer Society to network with companies and to ultimately deliver the most effective smoking control programs.

Other efforts include participation in community events such as health fairs, symposiums, and similar educationally oriented events aimed at youth, ethnic groups, women, blue collar, less educated, heavy smokers, and smokeless tobacco users. These activities are directed through channels such as health care sites, worksites, educational systems, and the community. The American Cancer Society's educational focus is on existing programs, using the media to enhance its efforts, and advocating for public policy to support its goals.

8.6 Materials

The material resources provided by the American Cancer Society are stored at the Division office in Brunswick. The resources include literature, posters, films/videos, and teaching kits. All of these are provided at no charge. Requests come from the general public,

school teachers, and volunteers. The requests are most often filled the same day, recognizing the importance of expediency in addressing the smoking issue.

Two pieces of office equipment add to the ability to respond quickly. The Cancer Response System (CRS) is a computer program that ties the Maine Division directly to National headquarters in Atlanta. CRS provides general and specific information on cancer causation, prevention, detection, and treatment. The value of this system lies in its simplicity of access and prompt service. The facsimile machine enhances communication by having the capability to provide immediate information.

8.7 Project Commitment

The demand for the provision of programs, information, advocacy, and general communication requires the organization to continually recruit and train the appropriate volunteers to carry out these activities. In addition to general trainings through the Volunteer Development Program (VDP), the American Cancer Society provides specific trainings for facilitators, trainers, advocates, and other specialized volunteers. The volunteers are the public face of the American Cancer Society and serve as the lifeline for public education.

The American Cancer Society has been a historically permanent voluntary agency within the State of Maine since 1937. At that time the organization was known as the Women's Field Army and began its fight against cancer. In 1939, the Maine Society became a Division of the American Cancer Society. It currently possesses the required permanency to extend its commitment to smoking prevention and control activities beyond the duration of the project.

The organization and structure of the Division allows for growth with the focus of operations in the field. Because of this decentralization, local presence enhances volunteer involvement and the assurance that programs and services are provided. The commitment, both financially and in-kind, is substantial enough to guarantee the existence of smoking control activities beyond the duration of the project.

IX. SCHEDULE

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
COORDINATION (Task: 1, 9)												
A. Serve as liason between NCI and Coalition												
1. Orientation manual and workshop	—	—										
2. Develop, publish & distribute newsletter			—			—			—			—
3. Publish calendar of events			—			—			—			—
4. Utilize ITV for meeting & workshop broadcast		—			—			—			—	
5. Reporting & monitoring system	—	—	—	—	—	—	—	—	—	—	—	—
B. Leadership & Support for Meetings												
1. Agenda development process (ongoing by subcommittee)	—	—	—	—	—	—	—	—	—	—	—	—
2. Monitoring and tracking activities, logistic support	—	—	—	—	—	—	—	—	—	—	—	—
3. Regular schedule of meetings established	—	—	—	—	—	—	—	—	—	—	—	—
a. Project staff meet bi-weekly	—	—	—	—	—	—	—	—	—	—	—	—
b. Executive Committee meets bi-monthly	—		—		—		—		—		—	
c. Advisory Committees meet quarterly			—			—			—			—
d. Subcommittees meet bi-monthly	—		—		—		—		—		—	
e. Full coalition meets annually	—											—
C. Provide leadership and support for local coalitions												
1. Site visits, consultations, etc.	—	—	—	—	—	—	—	—	—	—	—	—
2. Technical Resource Groups work with communities	—	—	—	—	—	—	—	—	—	—	—	—
3. HSDI provide training support	—	—	—	—	—	—	—	—	—	—	—	—

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
COORDINATION (Task: 1)												
D. Serve as control source of materials												
1. Inventory												
2. Health Promoter			—			—			—			—
3. Stock materials in library												
4. Coordinate with CIS												
E. Negotiate with NCI												

PHASE I, YEAR 2
PHASE II, YEARS 1 - 5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
COORDINATION (Task: 1)												
2. Newsletter			—			—			—			—
3. Calendar of events			—			—			—			—
4. Utilize ITV		—	—	—		—		—	—	—		—
5. Reporting and monitoring system												
B. Leadership and support for meetings												
1. Agenda development												
2. Support, monitoring												
3. Regular schedule of meetings												
a. Project staff - bi-weekly	--	--	--	--	--	--	--	--	--	--	--	--

PHASE I, YEAR 1 AND 2
PHASE II, YEARS 1 - 5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
COMMUNICATION (Task: 2, 10)												
A. Coordinate communication 1-6												
B. Establish and maintain rapid communication												
C. Promote and utilize National ASSIST Resources												

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
Site Analysis (Task: 3)												
a. Subcommittees produce draft												
b. Advisory committee review draft												
c. Review and approval by Exec. Cte.												
d. Draft completed and sent to NCI												
e. Final report to NCI												

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
Comprehensive Smoking Prevention and Control Plan (Task: 4)												
a. Subcommittees develop draft plan and submit to Advisory Committee	—											
b. Advisory Committee review draft and submit to Exec. Cte.			—									
c. Executive Committee approve draft and submit to NCI				—								
d. Draft revised and final supported to NCI									—			

PHASE I, YEAR 2

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
PROJECT MANAGEMENT PLAN (Task: 5)												
A. Draft, developed by staff and Exec. Cte., submitted to NCI (based on proposal)				—								
B. Plan revised and final draft submitted to NCI									—			

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
TRAINING (Task: 6, 12)												
1. Identify training needs, statewide and local	———	———	———	———	———	———	———	———	———	———	———	———
2. Coordinate with ASSIST contractual commitments	———	———	———	———	———	———	———	———	———	———	———	———
3. Identify resources for training	———	———	———	———	———	———	———	———	———	———	———	———
4. Arrange for delivery of training	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5. Monitor delivery of training programs and needs	———	———	———	———	———	———	———	———	———	———	———	———

PHASE I, YEAR 2
PHASE II, YEARS 1-5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
TRAINING (Task 6, 12)												
1. Identify training needs	———	———	———	———	———	———	———	———	———	———	———	———
2. Coordinate with ASSIST contractual commitments	———	———	———	———	———	———	———	———	———	———	———	———
3. Identify resources for training	———	———	———	———	———	———	———	———	———	———	———	———
4. Arrange for delivery of training	———	———	———	———	———	———	———	———	———	———	———	———

PHASE I, YEAR 2
PHASE II, YEARS 1-5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
B. Information Exchange Coordinate collection of materials for casebook; submit to NCI												

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
MONITOR PHASE I ACTIVITIES (Task: 7)												
A. Collect and maintain program records												
B. Provide progress reports												
C. Expert Panel Review												
D. Record of program activities												
1. Developed by staff, review by Advisory Committee												
2. Submit to NCI Project Officer												

PHASE I, YEAR 2
PHASE III, YEARS 1 - 5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
Task: 7, Monitor Program Activities A. Collect and maintain records												

PHASE I, YEAR 2
PHASE III, YEARS 1 - 5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
B. Provide progress reports												
C. Expert Panel Review						—						
D. Record of program activities												
1. Developed by staff, review by Advisory Committee		—		—		—		—		—		
1. Submit to NCI Project Officer			—		—		—		—		—	

PHASE I, YEARS 1 & 2
PHASE II, YEARS 1 - 5

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
ADMINISTRATIVE MEETINGS (Task: 8)												
(As necessary and appropriate)			—			—				—		

PHASE I, YEAR 2

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
INTERVENTION DELIVERY (Task: 11)												
D. Subcommittees deliver Annual Coalition Action Plan to Exec. Cte.								—				

PHASE I, YEAR 2

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
Executive Committee reviews, approves and submits to NCI										—		
Copy of plan distributed to all Coalition members												—

PHASE II

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
INTERVENTION DELIVERY (Task: 11)												
A. Plan developed according to NCI standards. Plan identifies roles of member groups	—	—	—	—	—	—	—	—	—	—	—	—
B. Form working groups	—	—	—									
C. Modify Phase II plan as appropriate	—	—	—	—	—	—	—	—	—	—	—	—
D. Issue Annual Coalition Action Plan												
Subcommittees develop annual plan and submit to Exec. Cte.								—				
Executive Committee reviews, approves and submits to NCI										—		
Copy of plan distributed to all Coalition members												—

PHASE I, YEAR 1

TASK/ACTIVITY	Month 1	2	3	4	5	6	7	8	9	10	11	12
MONITOR INTERVENTION ACTIVITES (Task: 13)												
A. Collect and maintain proper activities	———	———	———	———	———	———	———	———	———	———	———	———
B. Provide progress report to Coalition												
C. Deliver Annual Review												
Staff develop review with subcommittee assistance											—	
C. Deliver Annual Review to Advisory Committee												—
YEAR 2												
Executive Committee Reviews, approves and submits to NCI	—											

X. MAINE PROJECT ASSIST PERSONNEL

X. MAINE PROJECT ASSIST PERSONNEL

The Maine Project ASSIST will include staff from the Maine Bureau of Health and the American Cancer Society, Maine Division, Inc. Both have extensive experience in tobacco prevention and control, community-based health promotion and chronic disease prevention interventions, coalition building for health, and health promotion policy interventions. Project staff will include:

Phase I: Project Director
Project Manager (Health Program Manager)
Field Director (Public Health Educator III)
Administrative Assistant
Secretary (Word Processing Operator)

Phase II: Project Director
Project Manager (Health Program Manager)
Field Director (Public Health Educator III)
Two Field Coordinators (Public Health Educator II)
Administrative Assistant
Secretary (Word Processing Operator)
Clerk

In addition, the Maine Project ASSIST will utilize (in-kind or purchase) portions of several existing Bureau of Health Division of Health Promotion and Education staff members time. Several members will provide time in-kind to staff subcommittees and technical assistance for plan development and intervention delivery.

The Maine Project ASSIST will subcontract with the University of Southern Maine, Human Services Development Institute (HSDI) for the coordination of logistics related to and delivery of training activities. A description of personnel under that subcontract is included in this section.

American Cancer Society, Maine Division, Inc. will contribute staff - new staff Division Manager - ASSIST Project, dedicated solely to the ASSIST Project and time of existing staff, including the Executive Vice President and the Public Education Director.

Several current, highly experienced, staff of the Division of Health Promotion and Education will fill key positions of the Maine Project ASSIST.

10.1 Key Personnel

10.1.1 Project Director

Randy Schwartz, MSPH, Director of the Division of Health Promotion and Education of the Maine Department of Human Services, Bureau of Health, will serve as the Project Director. Mr. Schwartz is a senior level staff person of the Maine Bureau of Health. He is responsible for management and direction of a Division that includes a number of health promotion and education, chronic disease prevention and health promotion policy programs and interventions. He is in a position located administratively at the highest level of classified positions under those positions subject to appointment (Bureau of Health Director). This position is at a sufficiently high policy and decision-making position to legitimize the project as a major health priority, ensure the availability of needed resources, resolve project problems and provide direction.

Randy Schwartz has a Masters of Science in Public Health with a concentration in community health education from the University of Massachusetts, Amherst and a Bachelor of Science in Community and School Health Education from the State University of New York at Stony Brook.

The programs in the Division for which he has overall responsibility include: Community Health Promotion/Chronic Disease Prevention, Tobacco Prevention and Control, Diabetes Control Project, Cardiovascular Risk Reduction Program, and the Departmental Health Sciences Library.

He is responsible for coordinating and planning the Division's approach to developing a statewide plan for health promotion and chronic disease prevention in Maine, including the Bureau's coordinated response to the Objectives for the Nation. He is responsible for preparing and presenting Departmental testimony to various legislative committees, including testimony on tobacco related legislation.

Mr. Schwartz serves as the Project Director for the CDC funded Chronic Disease Prevention Program and is co-staff to the Department's Cancer Prevention and Control Advisory Committee. He served as chief staff to the Governor's Commission on Smoking Or Health.

Mr. Schwartz is active in state, regional and national health promotion policy work, professional associations, meetings, committees and task forces and serves on the Tobacco Public Information and Education Committee convened by the Public Information Branch of the U.S. Office on Smoking and Health. He served as one of the authors

for the ASTHO/NCI "Guide to Public Health Practice: State Health Agency Tobacco Prevention and Control Plans" and on the Judges Panel for the Rocky Mountain Tobacco Free Challenge, which was coordinated by the Office on Smoking and Health.

Mr. Schwartz has been active and is known for health promotion policy work in the area of reimbursement for patient education services through the Maine Diabetes Control Project (DCP) and the CDC network of DCPs, and the Reimbursement Committee of the Public Health Section of the American Public Health Association. He has published on this topic, and on quality assurance in health education and the application of health promotion services.

Mr. Schwartz serves on the Editorial Boards of Health Education Quarterly, and Patient Education and Counseling. He has served on review panels for the CDC Prevention Centers Program, CDC chronic disease training development and a CDC program review of the South Carolina Diabetes Control Project.

He has given national, regional, state and local presentations on numerous health promotion topics including tobacco policy approaches, cancer prevention and control, quality assurance and financing of health education programs.

Mr. Schwartz will dedicate at least 20% of his time to the Maine Project ASSIST. Salary will be contributed by the State of Maine.

10.1.2 Project Manager

Sandra Hoover, PhD, MPH, is currently Director of the Community Health Promotion/Chronic Disease Prevention Unit in the Division of Health Promotion and Education. Sandra Hoover has a PhD and MA in Sociocultural Anthropology from Indiana University and a Masters in Public Health from the University of Pittsburgh. This combination has been especially well suited for her work in directing a program of community-based public health interventions and is extremely relevant for the position of Maine ASSIST Project Manager.

In her current position, Dr. Hoover directs the Division's community health promotion and chronic disease prevention interventions. She is responsible for all programs in the Division funded under the Preventive Health and Health Services Block Grant and for managing the CDC funded Community Chronic Disease Prevention Program.

These programs include intervention strategies of direct relevance to ASSIST - organization, planning and monitoring of community-based health promotion programs; consultation and technical assistance to communities in the planning, implementation and evaluation of programs

including the formation of coalitions and task forces, collection of pertinent data, determination of priorities, development of workplans and implementation of interventions.

Dr. Hoover coordinates the Maine Project LEAN Partners Network, edits the Maine Health Promoter newsletter, monitors program budgets and supervises staff including public health educators and clerical staff.

She is on the Board of Directors of the Katahdin Area Health Education Center and is experienced in working with multicultural constituent groups. Dr. Hoover is on the National PATCH Working Group convened by the Community Health Promotion Branch of CDC. She was an invited panelist in the session on "Statewide Leadership for Healthy People 2000: Communities in Action" at the September 1990 U.S. Public Health Service Healthy People 2000 Conference.

Dr. Hoover's background and experience makes her an ideal person to serve as the Maine ASSIST Project Manager. The fact that she is currently employed in the Division of Health Promotion and Education will ensure a quick start-up for the Project's Phase I.

Dr. Hoover will be responsible for day to day operations of the Project. This will include working with American Cancer Society staff on coordinating state and community intervention site activities, subcommittees, producing the Phase I plan and directing the field staff.

10.1.3 Field Director

This individual will be hired upon Notice of Award. The Field Director will be a Public Health Educator III. The position description follows at the end of this section. It states, "This is professional public health education work in planning and directing statewide health education programs...Work is performed under limited supervision and is reviewed through consultation with superiors."

The Field Director will introduce the Maine Project ASSIST to relevant groups, conduct and complete the baseline site analysis and ensure that the comprehensive smoking prevention and control plan addresses Maine state and local concerns.

10.1.4 Support Staff

An Administrative Assistant and (1.5 FTE) Secretaries (Word Processing Operator) will be hired to ensure that all administrative and support services will be completed.

In addition, a clerk will be added in Phase II.

In Phase II, two (2) Field Coordinators (Public Health Educator II) will be added to the staff. The Field Coordinators will assist the Field Director in establishing interventions, supporting local coalitions, and maintaining project monitoring and record-keeping systems.

The following existing Division of Health Promotion and Education personnel will provide staff support to various aspects of Project ASSIST including staff subcommittees, technical resource groups, site analysis, and production of the comprehensive smoking prevention and control plan.

Jean Sheridan, Epidemiologist - Ms. Sheridan is the manager of the Behavioral Risk Factor Surveillance System. She provides technical assistance and consultation on epidemiologic matters related to the Division's health promotion and chronic disease prevention programs. Ms. Sheridan will staff the Data and Technical Information Resource Group. She will participate in all phases of the site analysis and development of the comprehensive smoking prevention and control plan.

Karen Sokol, MPH, Public Health Educator, Community Health Promotion/Chronic Disease Prevention Unit - Ms. Sokol is a health educator currently working with several PATCH and community chronic disease prevention sites. She coordinates the Division's Employee Health Forum. Ms. Sokol has a Masters of Public Health from the University of Michigan. She will provide staff support to the Worksite subcommittee.

Pat Jones, BS, Public Health Educator, Community Health Promotion/Chronic Disease Prevention Unit - Ms. Jones is the Manager of the Division's Community Cardiovascular Disease Prevention Program. She has worked as a health educator with the Division's PATCH program. Ms. Jones is responsible for the enforcement of the Workplace Smoking Act. She is an active participant in the Maine School Health Education Coalition. She has a Bachelor of Science in Community Health Education from the University of Maine at Farmington and is currently enrolled in a Masters in Public Administration program. Ms. Jones will provide staff support to the Educational System Subcommittee.

10.2 American Cancer Society, Maine Division, Inc.

Significant staff capacity will be contributed by ACS. Alan Anthony, Executive Vice President, will contribute time for the Executive Committee and general project administration. He has been

involved with ACS for twenty years. During this tenure, he has been involved with a variety of smoking/lung education programs. Mr. Anthony's particular expertise is in legislative issues.

The Field Services/Public Education Director, Vicki Purgavie, will play a significant role in the Maine Project ASSIST. She will serve on the Executive Committee and participate in overall project managements in conjunction with Randy Schwartz, Project Director and Sandra Hoover, Project Manager. Ms. Purgavie holds a Bachelor of Science degree in Health Science from the University of Maine at Farmington. She has been a staff member of ACS for over six years. She is responsible for public education and field services including: managing volunteer boards and committees; providing orientations and training for staff and volunteers; serving as a liaison with American Cancer Society national office for program planning and development planning and conducting meetings and conferences; designing materials/programs for specific audiences; and others. She is an active participant in the Maine School Health Education Coalition (serves as secretary), the Maine Public Health Association and the Maine Association of Health, Physical Education, Recreation and Dance (MAHPERD). Ms. Purgavie will contribute 20% of her time.

The ACS will contribute one (1) FTE to the Maine Project ASSIST. The Division Services Manager will be assigned to work on the Project 100% of the time. The Division Manager will co-manage the Project with the Maine Bureau of Health, serve as the key ACS liaison with other public, private and voluntary agencies/organizations regarding ASSIST; and will aid in coordination of all Division tobacco prevention and control programs. The Division Manager will have the following duties and responsibilities:

1. In cooperation with the Maine Bureau of Health:

   a. Manage day-to-day operations of American Cancer Society, Maine Division, Inc. participation in Maine Project ASSIST.

   b. Organize, coordinate and support state and local coalitions related to Maine Project ASSIST.

   c. Introduce ASSIST and related activities to the community.

   d. Establish interventions to be used in ASSIST and assure that the Tobacco Control Plan addresses local community concerns.

   e. Organize appropriate project-related trainin.

   f. Conduct the baseline site analysis and produce relevant project plans.

2. Staff ACS volunteers and senior staff who serve as representatives on the Maine Project ASSIST Executive Committee.

3. Serve as the key liaison with Division and Unit staff/volunteers regarding Maine Project ASSIST.

4. Staff ASSIST Project sub-committees as appropriate.

5. Coordinate specific, interdepartmental plan which details American Cancer Society portion of the overall ASSIST implementation plan.

6. Serve as the key ACS liaison with other private, public and voluntary agencies/organizations regarding ASSIST.

7. Provide assistance to the field regarding ASSIST in consultation with appropriate Department Directors.

8. Prepare project reprts and project updates as needed.

9. Participate in special ASSIST training meetings, as appropriate.

10.3 Subcontractor Personnel

The Human Services Development Institute (HSDI) of the University of Southern Maine (USM) is proposed as a subcontractor to monitor training needs, coordinate training priorities and resources and implement training throughout the Project. This has been described in detail in Section V, Management Plan.

The subcontract with USM/HSDI will include two staff for which a total of 1.0 FTE will be allocated.

10.3.1 Project Director

Jan Hitchcock, PhD, Research Associate with the HSDI and Adjunct Associate Professor of Public Policy and Management at the University of Southern Maine, will assume the role of Project Director for this subcontract. Jan Hitchcock has a PhD and MA degree in Personality and Developmental Psychology from Harvard University and a BA degree in Psychology and Anthropology from Pitzer College in Claremont, California. Dr. Hitchcock is a noted researcher in smoking prevention and youth. Prior to coming to the University of Southern Maine, she was an Associate Director at the Institute for the Study of Smoking Behavior and Policy (ISSBP) at Harvard Univerasity. During her six years at ISSBP, she gained exposure to a wide range of smoking control areas and experts, from the pharmacology of nicotine to smoking policies. Smoking control among adolescents has been an

area of special interest. She has been involved in the planning and delivery of a number of conferences and workshops on smoking control, including a three-day course for staff at the Massachusetts Department of Public Health. She chaired the Prevention subcommittee and drafted prevention recommendations for the Massachusetts smoking control plan in 1987. Since coming to Maine, she served on the Governor's Commission on Smoking OR Health, and is a legislatively-appointed member of Maine's Cancer Prevention and Control Advisory Committee.

10.3.2 Training Coordinator

Polina McDonnell, Research Associate at HSDI, will assume the role of Training Coordinator for this subcontract. She has fifteen years of experience in research and technical assistance through HSDI. She has directed numerous research and technical assistance projects in the area of substance use, including the evaluation of four community-based model substance abuse prevention projects implemented in Maine under the State's Prevention Initiative. Among her current projects, she is director of a U.S. Department of Education-funded project designed to deliver training to substance abuse coordinators in the Maine school systems. Other relevant projects/experience

Biographic forms for key personnel follow. The full C.V.s are attached in the Appendix.

FF PRINCIPAL INVESTIGATOR/PROGRAM DI.)

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME	POSITION TITLE	BIRTHDATE (Mo., Day, Yr.)
Randy H. Schwartz	Principal Investigator/ Project Director	REDACTED

EDUCATION (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
State University of N.Y. at Stony Brook	B.S.	REDACTED	Community/School Health Education
University of Massachusetts at Amherst	M.S. Public Health		Public Health - Community Health Education

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

EMPLOYMENT EXPERIENCE:

Project Evaluator, Patient Education Reimbursement Project, University of Maine, Maine Health Education Resource Center, Farmington, Maine, REDACTED

Program Specialist, Area Health Education Center for Pioneer Valley, Springfield, MA, REDACTED

Program Consultant, Health Promotion Institute, Inc., Northampton, MA, REDACTED

Project Manager, Diabetes Control Project, Bureau of Health, Department of Human Services, Augusta, ME, REDACTED

Assistant Director, Division of Health Promotion and Education and Project Director, Bureau of Health, Department of Human Services, REDACTED

Acting Director, Division of Health Promotion and Education, Bureau of Health Department of Human Services, REDACTED

Director, Division of Health Promotion and Education, Bureau of Health, Department of Human Services, Augusta, ME, REDACTED .

RELATED PROFESSIONAL EXPERIENCE:

Program Review Panel Member served as a consultant to CDC Division of Diabetes Control as a member of Program Review Panel to review the South Carolina Diabetes Control Project, REDACTED

Chairperson, Planning Committee for 8th Annual Centers for Disease Control Diabetes Control Conference REDACTED

Review Panel Member for Centers for Disease Control development of a training course for chronic disease program management, . REDACTED

Editorial Panel, participated on Editorial/Author Panel for "Guide to Public Health Practice: State Health Agency Tobacco Prevention and Control Plans" for National Cancer Institute and Association of State and Territorial Health Officers,

Judge, Rocky Mountain Tobacco Free Challenge, REDACTED

Conference Coordinator, Society for Public Health Education (SOPHE) Midyear Conference, REDACTED

REDACTED

Member, Initiating Committee, National Healthy Communities Project, National Civic League and the U.S. Office of Disease Prevention and Health Promotion, REDACTED

Member, Review Panel, Centers for Disease Control, Centers for Research and Demonstration of Health Promotion and Disease Prevention Grant Program, REDACTED

Member, Tobacco Public Information and Education Committee, U.S. Office on Smoking and Health, REDACTED

RLDACTED

Reviewer, Health Education Research Theory and Practice, occasional reviewer,

Member, Editorial Board, Patient Education and Counseling,

Member, Editorial Board, Health Education Quarterly, REDACTED

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PUBLICATIONS:

Zapka, J.; Schwartz, R., ... floth, B.; "Locating Evaluation ... les in Health Education," American Hospital Association/Centers for Disease Control, 1982.

Schwartz, R.; Morris, P.; "Patient Education in the Rural Ambulatory Care Setting: The Patient Education Reimbursement Project" in Cleary, H.; Ensor, P.; and Kichen, J.; Advancing Health Through Education, A Case Study Approach, Mayfield Publishing Co., 1985.

Schwartz, R.; Zaremba, M.; and Ra, K.; "Third Party Coverage for Diabetes Education Program," Quality Review Bulletin, Vol. 11, No. 7, July 1985.

Schwartz, R.; "Quality Assurance, Standards and Criteria in Health Education: A Review," Patient Education and Counseling, vol. 7, No. 4, December 1985.

Willhoite, B.; Bennert, N.; Wallace, J.; Schwartz, R.; Diabetes in Pregnancy Project in Maine 1986 - 1987; Morbidity and Mortality Weekly Report, Centers for Disease Control, November 20, 1987, Vol. 36, No. 45.

Gay, M.; Schwartz, R.; 1987 Maine Behavioral Risk Factor Survey: An Overview, Maine Department of Human Services, 1988.

Served as Guest Editor for "Current Perspectives - Quality Assurance: Ethical Imperative for Patient Education" section and commentary, "Quality Assurance - Afterthought or Integrated Approach" in Patient Education and Counseling, December 1988, vol 12, n3.

PRESENTATIONS:

Schwartz, R., "History and Discussion of The Issues: Reimbursement, Financing and Cost Containment in Health Promotion/Education," and served as presider for same session at the 113th Annual Meeting of The American Public Health Association, Washington, D.C., November 1985.

Schwartz, R., "Targeting the Health Care System - Chronic Disease Control: A Primary Health Care Approach," invited paper presented at plenary session of the First National Centers for Disease Control Conference on Prevention and Control of Chronic Diseases, Atlanta, GA, September 9-11, 1986.

Schwartz, R., "Quality and Accountability in Health Education - History and Future Directions," presented at solicited session at the 114th Annual Meeting of the American Public Health Association, Las Vegas, NV, September 1986.

Schwartz, R. Served on panel on "Collaboration Between State Departments of Education and Departments of Health" at 116th Annual Meeting of the American Public Health Association, Boston, MA, November 1988.

Schwartz, R.; Merrigan, D.; "Strategic Planning for Health Promotion and Education at a State Health Agency" presented at 116th Annual Meeting of the American Public Health Association, Boston, MA, November 1988.

Schwartz, R., "Perspectives on Quality, Accountability, Reimbursement and Financing in Health Education," presented at plenary session of Annual Meeting of the Society for Public Health Education (SOPHE), Boston, MA, November 1988.

Schwartz, R., Jones, P., "The Role of the State Health Agency as Linking Agent for Application of National Cardiovascular Risk Reducation Programs at the State and Local Levels", poster session presented at National Heart, Lung and Blood Institute's Cardiovascular Disease Intervention and Education Conference, San Diego, CA, September 1989.

Schwartz, R., Graham, L. and Bogdan, G., "State Health Agency Approach to Planning Cancer Prevention and Control Strategies" presented at the 117th Annual Meeting of the American Public Health Association, Chicago, IL, October 1989.

Schwartz, R, "Leadership Issues in Health Promotion and Education," as part of a respondent panel, addressed issues related to leadership of health promotion and education programs in state health agencies raised during the CDC/Association of State and Territorial Directors of Public Health Education Health Education/Risk Reduction Conference, Charleston, South Carolina, April, 1990.

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PRINCIPAL INVESTIGATOR/PROGRAM DIR

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME	POSITION TITLE	BIRTHDATE (Mo., Day, Yr.)
Sandra A. Hoover	Project Director	REDACTED

EDUCATION (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
San Diego State College, San Diego, CA University of Pittsburgh Indiana University	B.A. M.P.H. Ph.D.	R	General Public Health Sociocultural Anthropology

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

PROFESSIONAL EXPERIENCE

REDACTED Instructor in African Studies, Duquesne University

REDACTED Assistant Professor of Anthropology, University of Maine of Orono

REDACTED : Independent consulting and Instructor, International Center for Language Studies, Husson College, Bangor, Maine

REDACTED Director, The Community Health Promotion Program (Public Health Educator III), Division of Health Promotion and Education, Bureau of Health, Department of Human Services

REDACTED Director, Community Health Promotion/ Chronic Disease Prevention Unit (Health Program Manager), Division of Health Promotion and Education, Bureau of Health, Department of Human Services

CONSULTING:

Evaluator, Title VII (Bilingual Education/English as a Second Language) activities, Office of Federal Projects for Minority Languages (Maine Department of Education and Cultural Services). Teaching English as a second language.

Editor, TRI-TALK newsletter for Tri-State Bilingual Parent Training Project.

Maine Facilitator, Tri-State Bilingual Parent Training Project. (Franco-American, Native American and Refugees).

Maine Refugee Advisory Council Guest/Observer REDACTED

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RESEARCH:

* Franco-American ethnic identity and inter-ethnic relations, Maine.
* Diabetes attitudes and beliefs in Penobscot County and Vinalhaven Island, Maine.
* Health care delivery in a Pittsburgh community, Pennsylvania.
* Family planning program implementation — Pittsburgh clinics, Pennsylvania.
* Social stratification and change in Toro, Uganda.
* Yavapai-Apache identity, language and culture, Arizona.

PRESENTATIONS (SELECTED)

1. The Use of Planned Approach to Community Health in Community Health Planning, Centers for Disease Control's "Healthy People 2000" Conference, Washington, D.C., September 7, 1990.

2. "Transforming Demand: The Role of Health Promotion", Health Professionals for a Transforming System, Bangor, Maine, November 7, 1989

3. Using Social Marketing to Limit Behavior Risk: The Maine Project LEAN Report (panelist), Nutrition & Health Institute, University of Maine Cooperative Extension Conference, Orono, Maine, June 8, 1989

4. Strategies for Rural Health Promotion, Rural Health Behavior Conference, Bar Harbor, Maine, October 7, 1988.

5. PATCH "Healthy Heart '88" Conference, University of Maine Cooperative Extension, June 10, 1988.

6. Planned Approach to Community Health (PATCH): Mobilizing Communities for Health Promotion, Society for Applied Anthropology, Annual Meeting, Tampa, Florida, April 21, 1988.

7. The Role of Communities in Smoking Prevention and Control, Current Statutes and Future Directions on Smoking or Health in Maine. Veterans Administration, Togus, Maine, March 24, 1988.

8. Mobilizing Communities for Health Promotion, Maine Public Health Association Annual Meeting, Augusta, Maine, November 6, 1987.

9. Planned Approach to Community Health: Mobilizing Communities for Health Promotion, Sixth Annual Maine State Alcohol/Drug Abuse Conference, Waterville, Maine, June 9, 1987.

10. Keynote Speaker, "Cultural Diversity and Nursing Care," conference sponsored by Continuing Education for Health Professionals, University of Southern Maine (January 1985).

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PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME	POSITION TITLE	BIRTHDATE (Mo., Day, Yr.)
Vicki Purgavie	Public Education Director	REDACTED

EDUCATION (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
University of Maine at Augusta University of Maine at Farmington	B.S.	R	Nursing Health Science

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

Field Services/Public Education Director, American Cancer Society (1984-present)

- manage volunteer boards and committees.
- provide orientations and trainings for staff and volunteers.
- assist staff in achieving goals/objectives.
- serve as a liaison to our national office for program planning and development.
- establish organizational goals, policies and budgets.
- plan and conduct meetings and conferences.
- design materials/programs for specific audiences.
- recruit and utilize volunteers.

FF PRINCIPAL INVESTIGATOR/PROGRAM DIREC R:

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME	POSITION TITLE	BIRTHDATE (Mo. Day Yr.)
Jan L. Hitchcock	Project Director (for training)	REDACTED

EDUCATION (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
Pitzer College	B.A.	R	Psychology and Anthropology
Harvard University	M.A.		Personality and Developmental Psychology
Harvard University	Ph.D.		same

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

HONORS:

John Stauffer Memorial Scholar REDACTED
Haynes Foundation Scholar REDACTED
National Institute of Mental Health Training Grant in Development REDACTED
National Science Foundation Graduate Fellowship
Radcliffe College Dissertation Support Grant REDACTED

EMPLOYMENT:

REDACTED Teaching Fellow, Department of Psychology and Social Relations, Harvard University.

REDACTED Consultant, Institute for the Study of Smoking Behavior and Policy, Harvard University.

REDACTED Associate Director, Institute for the Study of Smoking Behavior and Policy, Kennedy School of Government, Harvard University.

REDACTED Research Associate, Human Services Development Institute (HSDI), University of Southern Maine; and Research Psychologist, Foundation for Blood Research (FBR), Scarborough, Maine.

REDACTED Adjunct Associate Professor in Public Policy, Edmund S. Muskie Institute for Public Affairs, University of Southern Maine.

PUBLICATIONS

Hitchcock, J.L., Munroe, R.L., and Munroe, R.H. "Coins and Countries: The Value-Size Hypothesis." The Journal of Social Psychology, 1976, 100, 307-308.

Hitchcock, J.L. "Game Preferences and Child-Training Attitudes." The Journal of Social Psychology, 1978, 106, 279-280.

Hitchcock, J.L. "Emotional Adaptation and Changes in Employment." Paper presented at the annual convention of the American Psychological Association, Washington, DC, August 1984.

JAN L. HITCHCOCK
PUBLICATIONS (contd.)

Lichtenstein, E., Weiss, S.M., Hitchcock, J.L., Leveton, L.B., O'Connell, K.A., and Prochaska, J.O. "Patterns of Smoking Relapse." In S.A. Shumaker and N.E. Grunberg (Eds.), "Proceedings of the National Working Conference on Smoking Relapse." Health Psychology, 1986, 5(Suppl.), 29-40.

Hitchcock, J.L. "Smoking Cessation Opportunities with Adolescents and Young Adults." Presentation at "National Cancer Institute: Smoking, Tobacco, and Cancer Program and its Goals for the Year 2000," Bethesda, Maryland, April 1987.

Garvey, A.J., Hitchcock, J.L., and Bliss, R.E. "Relapse After Smoking Cessation: A Prospective Analysis." Paper presented at the annual convention of the American Psychological Association, New York, August 1987.

Hitchcock, J.L. "Types and Timing of Relapse in Cigarette Smoking: Final Report." PHS Grant Number R03-CA41121-01 (National Cancer Institute), August 1987.

Cleary, P.D., Hitchcock, J.L., Semmer, N., Flinchbaugh, L.J., and Pinney, J.M. "Adolescent Smoking: Research and Health Policy," The Milbank Quarterly, 1988, 66(1), 137-171.

Hitchcock, J.L. "Smoking Prevention Activities," (J. Ockene, Ed.). In U.S. Department of Health and Human Services. Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health. DHHS Pub. No. (CDC) 89-8411, 1989, pp. 382-407.

Bliss, R.E., Garvey, A.J., Heinhold, J., and Hitchcock, J.L. "The Influence of Situation and Coping on Relapse Crisis Outcomes Following Smoking Cessation," Journal of Consulting and Clinical Psychology, 1989, 57(3), 443-449.

Haddow, J.E., Hitchcock, J.L., Knight, G.J., Kloza, E.M., Palomaki, G.E., and Wald, N.J. "Cotinine-Assisted Intervention with Smoking by Pregnant Women." Presentation at Bingham Consortium for Health Research Conference, Bethel, Maine, September 1989.

Haddow, J.E., Palomaki, G.E., Knight, G.J., Kloza, E.M., and Hitchcock, J.L. Prenatal Screening for Major Fetal Disorders: The Foundation for Blood Research Handbook (Vol. I: Fetal Disorders Associated with Elevated MSAFP Values). Scarborough, ME: Foundation for Blood Research, 1990.

Hitchcock, J.L. "Social Policy Responses to Adolescent Smoking and Intoxicant Abuse." In Shaffer (Ed.), Group Approaches to Intoxicant Problems, in preparation.

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FF PRINCIPAL INVESTIGATOR/PROGRAM DIREC.

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME	POSITION TITLE	BIRTHDATE (Mo., Day, Yr.)
Polina C. McDonnell	Training Coordinator	REDACTED

EDUCATION (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
University of Southern Maine, Portland,ME	B.A.	REDACTED	Psychology

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

EMPLOYMENT:

REDACTED Research/Data Coordinator, Community Alcoholism Services, Portland Maine.

REDACTED Research Associate, Human Services Development Institute, University of Southern Maine.

PUBLICATIONS

Anderson, A., McDonnell, P., et al. Training and Technical Assistance System Manual: Developmental Disabilities, HEW Region I, May 1978. Report submitted to the HEW Region I Office, Boston.

McDonnell, P. A Report on the Baccalaureate Education for Nursing at Extended Sites Project, July 1982. Report submitted to the School of Nursing, University of Southern Maine.

McDonnell, P. Study to Evaluate the School Health Education Program, August 1983. Report submitted to the Maine Division of Maternal and Child Health, Augusta.

McDonnell, P. Final Report off Grant to Provide Family Nurse Associate Education in Maine, April 1983. Report submitted to the School of Nursing, University of Southern Maine.

McDonnell, P., et al. A Study of OUI in Maine: Participation in DEEP, Rearrest and Perceptions of OUI Laws, Enforcement and Services, January 1987. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

McDonnell, P. Prevention Initiative: Model Substance Abuse Prevention Projects, June 1987. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

McDonnell, P. A Report on Vocational Rehabilitation Applicants and Clients Closed October 1, 1986 - March 31, 1987, September 2987. Report submitted to the Bureau of Rehabilitation, Augusta.

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POLINA C. McDONNELL
PUBLICATIONS (contd.)

McDonnell, P. Assessment of Maine's OUI Data Collection-Reporting System -- Preliminary Findings, February 1987. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

McDonnell, P. Southern Kennebec Transition Project - Evaluation Report, May 1988. Report submitted to the Southern Kennebec Transition Council, Augusta.

McDonnell, P. A Report on Driving Under the Influence of Alcohol, Operating After License Suspension and Habitual Offender Violations: January 1 - December 31, 1987 (Sixth Annual Report) and Statistical Report, July 1988. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

McDonnell, P. Driving Under the Influence of Alcohol: A Survey of States Concerning Jail Sentencing Alternatives, September 1988. Report submitted to the Maine Alcohol and Drug Planning Committee, Office of the Governor, Augusta.

McDonnell, P. A Report on Vocational Rehabilitation Applicants and Clients Closed October 1, 1987 - March 31, 1988, September 1988. Report submitted to the Bureau of Rehabilitation, Maine Department of Human Services, Augusta.

McDonnell, P. First Offender Driver Education Evaluation Program Client Survey, August 1989. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

McDonnell, P. A Report on a Follow-up of Vocational Rehabilitation Applicants and Clients, September 1989. Report submitted to the Bureau of Rehabilitation, Maine Department of Human Services, Augusta.

McDonnell, P. A Report on Driving Under the Influence of Alcohol: January 1 - December 31, 1988 (Seventh Annual Report) October 1989. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

McDonnell, P., et al. Drinking and Driving: A Report on First Offenders Convicted of a 1981 Violation in Maine, November 1989. Report submitted to the Maine Office of Alcoholism and Drug Abuse Prevention, Augusta.

XI. FACILITIES

XI. FACILITIES

The Maine Project ASSIST will be located in the Division of Health Promotion and Education in the Maine Bureau of Health. The Bureau of Health is located in two rented two story buildings on Capitol Street in Augusta. Current total space occupied by the Bureau includes 18,673 square feet of office space, one basement shelved storage area consisting of about 1000 square feet and one shelved attic storage area consisting of about 1500 square feet. The Division of Health Promotion and Education currently occupies 2,100 square feet. Additional space will be added for two new staff in the Fall of 1990 (160 square feet). The Division of Health Planning and the Division of Project Analysis and Review (Certificate of Need) will be moving from a space adjacent to the Division of Health Promotion and Education in late Fall of 1990 thus freeing up space for ASSIST Project staff. It has been determined that the space will be made available for ASSIST staff including program and clerical staff, project files and records, and computer equipment.

The American Cancer Society, Maine Division, Inc. is located in a historic two story colonial building in Brunswick, Maine. The building includes office, clerical, meeting and mailing and support services space. There is sufficient space available for the additional Maine Project ASSIST staff.

Meeting space is available for small meetings (10-18 people) in meeting rooms in each of the Bureau of Health buildings. There are numerous meeting spaces available in all state agencies in the Augusta area including the State House and State Office Building, in other participating agencies, and in commercial meeting facilities such as local hotels, conference centers and the Augusta Civic Center. The Maine Medical Association and Kennebec Valley Medical Center both include large meeting spaces capable of supporting meetings over 40 people. Portland has numerous meeting facilities including the Dana Education Center of Maine Medical Center which has an auditorium and eight classrooms. In fact, there are numerous meeting facilities in all areas of the state.

The Division of Health Promotion and Education maintains a list of both state owned and private meeting facilities approved for handicapped access. Effective as of January 1, 1990, state government holds meetings only in public or private facilities that have been certified as handicapped accessible by the Bureau of Rehabilitation, Department of Human Services. This listing also contains specific information on each facility and covers a large geographical area of Maine.

Storage space is available in the shelved attic storage space in the building in which the Division of Health Promotion and Education is located. In addition, space for often used materials will be located in the ASSIST office space.

XII. EQUIPMENT

XII. EQUIPMENT

12.1 Computer Capacity

The Division of Health Promotion and Education currently has five personal computers, one of which has a 70 megabyte hard drive accommodating 3-1/2" diskettes and one drive for 5-1/4" diskettes. The remaining four personal computers have 40 megabyte hard drives and one drive for floppy disks.

Two of the computers have external modems which enable Division personnel to do on-line literature searches and access electronic bulletin boards such as SCARCNET (anti-smoking advocacy information). A third personal computer has an internal modem. The internal modem is 2400 Band. It is possible that a new modem may need to be ordered. One of the computers would also need RAM memory upgraded.

The Division has two dot matrix printers and a WANG laser printer; the latter is of limited utility since it can be used only in conjunction with WANG wordprocessing equipment.

The Division has recently purchased a lap top computer with an internal modem. It can aid staff in carrying out field work.

Support is available for a variety of software and hardware problems from the State's Office of Information Services.

The Division currently uses a WANG mainframe wordprocessing system and Microsoft Word 4.0. The Division will purchase and utilize WordPerfect 5.0 or 5.1 for the ASSIST Project.

12.2 Postal Services

The Division, as all state agencies, has access to the State Postal Center, a full service postal center. The State Postal Center offers all general U.S. Postal Delivery services (including bulk mail) as well as UPS, Airborne Express and Maine Delivery Services.

12.3 Fax Machine

The Bureau of Health uses a Harris IBM 115 Facsimile machine. This transceiver meets the Consultative Committee International Telephone and Telegraph (CCITT) requirements to "talk" to (send to and receive from) Group 2 (3 min.) and Group 3 (sub-min.) machines.

12.4 Photocopy Machine and Printing Services

The Division of Health Promotion and Education has access to three (3) photocopy machines at their location and four (4) in the adjoining building. The machines are Panasonics and all have collating, automatic document feed capabilities making highly productive copying possible. Copy size ranges from 8-1/2 X 11 up to invoice and ledger size.

The Division also has access to the State Government's Central Printing Division. The Central Printing Division is a purchasing and printing reproduction (duplication) unit whose function is to purchase for and provide quick copy service to all State departments and agencies. All work for duplicating must be camera ready when submitted. Central Printing has nine offset presses, four xerox copiers and one Kodak copier producing over one-half million impressions per month and capable of handling sheet size up to 11" X 17". They also have a full bindery operation including collators, binding equipment, folders, paper drills and labeling capabilities. Central Printing also has a Kenro Vertical Process Camera with a range of 20% to 500% enlargement. It can handle up to a 20" X 24" original.

The State also has a full service photo lab available for production of slides and photographs.

XIII. REFERENCES

REFERENCES

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